

# APPLICATION FOR BUILDING PERMIT

1

FOR APPLICANT TO FILL IN

BUILDING ADDRESS **1043 W. 210 STREET**

CITY **TORRANCE** ZIP **90502**

SIZE OF LOT **52x** NO. OF BLDGS. NOW ON LOT

TRACT **18261** BLOCK LOT NO. **124**

OWNER **ROLF COLLIER** TEL. NO. **3284006**

ADDRESS **1043 W. 210<sup>th</sup> STREET**

CITY **TORRANCE** ZIP **90502**

ARCHITECT OR ENGINEER **E.L. BOVITZ** TEL. NO. **8312304**

ADDRESS **555 W. 9<sup>th</sup> STREET**

CONTRACTOR **OWNER** TEL. NO.

ADDRESS LIC. NO.

CITY LIC. CLASS

CONSTRUCTION LENDER NAME AND BRANCH **Cash**

ADDRESS CITY

SQ. FT. **720** NO. OF STORIES **1** NO. OF FAMILIES **—** CHECK ONE

DESCRIPTION OF WORK **Concrete**

**block garage &**

**work area, bath**

USE OF EXISTING BLDG. **—**

APPLICANT (PRINT) TEL. NO.

BY (SIGNATURE)

I HEREBY ACKNOWLEDGE THAT I HAVE READ THIS APPLICATION AND STATE THAT THE ABOVE IS CORRECT AND AGREE TO COMPLY WITH ALL ORDINANCES AND LAWS REGULATING BUILDING CONSTRUCTION. I CERTIFY THAT IN DOING THE WORK AUTHORIZED HEREBY I WILL NOT EMPLOY ANY PERSON IN VIOLATION OF THE LABOR CODE OF THE STATE OF CALIFORNIA IN RELATING TO WORKMEN'S COMPENSATION INSURANCE.

SIGNATURE OF PERMITTEE **Rolf Collier**

ADDRESS **1043 W. 210<sup>th</sup> Street**

CITY **Torrance** TEL. NO. **3284006**

VALUATION \$ **2500** **7700**

BUILDING ADDRESS **1043 W-210th Street**

LOCALITY **Co-Torrance**

NEAREST CROSS ST. **Royal**

ASSESSOR MAP BOOK **7348** PAGE **8** PARCEL **14**

DISTRICT **12** GROUP **3** TYPE CONST. **1** FIRE ZONE **3** PROCESSED BY **Bowley**

STATISTICAL CLASSIFICATION CLASS NO. **19** DWELL. UNITS **0** SEWER MAP **D BK 77**

USE ZONE **R1** MAP NO. **4209**

SPECIAL CONDITIONS

ROAD DEPARTMENT APPROVAL REQUIRED YES ☐ NO ☒

BLDG. SETBACK FROM FRONT PROP. LINE OF (STREET)

HIGHWAY + YARD = TOTAL SETBACK FROM FRONT PROP. LINE TYPE OF HIGHWAY EXISTING WIDTH

+ =

BLDG. SETBACK FROM SIDE PROP. LINE OF (STREET)

HIGHWAY + YARD = TOTAL SETBACK FROM SIDE PROP. LINE TYPE OF HIGHWAY EXISTING WIDTH

+ =

CORNER CUTOFF YES ☐ NO ☒

IN OPEN SPACE YES ☐ NO ☒

IN COASTAL PERMIT ZONE YES ☐ NO ☒

OK AS WORK AREA ATTACHED TO GARAGE

CANNOT BE USED FOR LIVING AREA

**Limit Parking - 1-18-78**

FINAL DATE **5/31/79** BY **R. Collier**

P.C. Fee \$ **19.20** Permit Fee **54.00**

**due 24.00** Issuance Fee **7.00**

**43.20** Total Fee **61.00**

PLAN CHECK VALIDATION

☒ M.O. ☒ CASH

**3915 OCT 14A 23**

**915 JAN 17A 23**

**19.20**

**24.00**

PERMIT VALIDATION

☒ M.O. ☒ CASH

**916 JAN 17A 01**

**61.00**

INSPECTOR COPY

PLANS TO APPLICANT					INSPECTOR'S NOTES	
TO:		RETURNED		APPROVED		
NO	DATE	NO.	DATE			
					<u>WORKER'S COMPENSATION CERTIFICATION</u>  I certify that I will be responsible for the work to be done under this permit and that in the performance of the work for which this permit is issued I shall not employ any person in any manner so as to become subject to the Worker's Compensation laws of California.  I further certify that if during the course of construction under this permit I should become subject to Worker's Compensation requirements, I will file the required certificate of insurance and realize that failure to do so will necessitate suspension of the permit. I have received an explanation of the limits and conditions of this certificate and have read and fully understand them.	
APPROVALS		REQUIRED		DATE RECEIVED OR APPROVED		
		YES	NO			
WATER CERTIFICATE					Signature <u>Maria Colluz</u> Title <u>Owner</u> Date <u>1-18-78</u>	
HEALTH DEPARTMENT						
FIRE DEPARTMENT						
GRADING						
GEOLOGICAL						
PEDESTRIAN PROTECTION (FENCE) (CANOPY)						
SPECIAL INSPECTION (CONC.) (MASNRY.) (WELD.)						
LOT DRAINAGE						
PARKING						
APPROVALS	DATE	INSPECTOR'S SIGNATURE			5-12-78 fin 4' left k <u>Beard</u>  6/14/78 2nd fl left k <u>Beard</u>	
LOCATION- (SETBACK & YARDS)	3/28/78	Beard				
FOUNDATIONS	9/1/78	Beard				
FRAME						
LATH/DRYWALL INTERIOR						
LATH-EXTERIOR						
HOUSE NUMBER- CORRECT & POSTED	8/11/78	Beard				
FINAL- ENTER ON FRONT						

## APPLICATION FOR ELECTRICAL PERMIT

1

## BUILDING AND SAFETY DIVISION

## FOR APPLICANT TO FILL IN

New Residential Bldgs. &amp; Pools

1 &amp; 2 Family Sq. Ft. \_\_\_\_\_

Multi-family Sq. Ft. \_\_\_\_\_

Residential Swimming Pools \_\_\_\_\_

Outlets: Light, Switch &amp; Receptacle

First 20 \_\_\_\_\_

Additional \_\_\_\_\_

Lighting Fixtures

First 20 \_\_\_\_\_

Additional \_\_\_\_\_

Fixed Appliances Not Over 1 HP

Range \_\_\_\_\_ Heater \_\_\_\_\_ D.W. \_\_\_\_\_

Oven \_\_\_\_\_ Dryer \_\_\_\_\_ W.M. \_\_\_\_\_

Top \_\_\_\_\_ FAU \_\_\_\_\_ W.H. \_\_\_\_\_

Hood \_\_\_\_\_ Fan \_\_\_\_\_

Disp. \_\_\_\_\_ A.C. \_\_\_\_\_

Power Apparatus &amp; Large Appliances

Size &amp; Type HP, KW, KVA, or KVAR

\_\_\_\_\_ Up to 1 Incl.

\_\_\_\_\_ Over 1 to 10 Incl.

\_\_\_\_\_ Over 10 to 50 Incl.

\_\_\_\_\_ Over 50 to 100 Incl.

\_\_\_\_\_ Over 100

Services

0 - 200 Amp. Under 600 V

201 - 1000 Amp. Under 600 V

Over 1000 Amp. or Over 600 V

Temp. Power Pole &amp; Appurtenances

Sign with One Branch Circuit

Additional Sign Branch Circuits

(Other) \_\_\_\_\_

PERMIT FEE

(Sub-Total)

PLAN CHECKING FEE

(One-Fourth Permit Fee)

PERMIT ISSUING FEE

TOTAL FEE

JOB

ADDRESS

LOCALITY

NEAREST

CROSS ST.

OWNER OR

FIRM NAME

MAIL

ADDRESS

CITY

PLAN CHECK

APPLICANT

ADDRESS

CITY

Tel. No.

PERMIT

APPLICANT

ADDRESS

CITY

Tel. No.

LICENSE OR

REG. NUMBER

Class.

I HEREBY ACKNOWLEDGE THAT I HAVE READ THIS APPLICATION AND STATE THAT THE ABOVE IS CORRECT AND AGREE TO COMPLY WITH ALL COUNTY ORDINANCES AND STATE LAWS REGULATING ELECTRICAL WIRING.

I HEREBY CERTIFY THAT I AM PROPERLY REGISTERED AND/OR LICENSED AS REQUIRED BY LOS ANGELES COUNTY AND STATE OF CALIFORNIA OR THAT I AM THE LEGAL OWNER OF THE ABOVE DESCRIBED RESIDENTIAL PROPERTY.

PERMITEE

SIGNATURE

DISTRICT NO.

PROCESSED BY

APPROVALS

DATE

INSPECTOR'S

SIGNATURE

TEMP. POWER POLE

UNDERSLAB WORK

ROUGH CONDUIT

WIRING

FIXTURES

POWER AUTHORIZED

UTILITY CO. NOTIFIED

FINAL

NOTES

PLAN CHECK VALIDATION

CK.

M.O.

CASH

PERMIT VALIDATION

CK.

M.O.

CASH

488 AUG 25 A 2

14.00

INSPECTOR COPY



# APPLICATION FOR ELECTRICAL PERMIT

## COUNTY OF LOS ANGELES

BUILDING AND SAFETY

## FOR APPLICANT TO FILL IN

	EACH	NO.	FEE
New Residential Bldgs. & Pools			
1 & 2-Family, Sq. Ft. _____	\$/	—	\$
Multi-family Sq. Ft. _____		—	
Residential Swimming Pools			
Outlets: Rec. _____ Light _____ Sw. _____			
First 20			
Total No. _____ Additional			
Lighting Fixtures			
First 20			
Total No. _____ Additional			
Fixed Appliances Not Over 1 HP			
Range _____ Heater _____ D.W. _____			
Oven _____ Dryer _____ W.M. _____			
Top _____ FAU _____ W.H. _____			
Hood _____ Fan _____ Other _____			
Disp. _____ Room Air Cond. _____			
Power Apparatus & Large Appliances			
Size & Type HP, KW, KVA, or KVAR			
_____ Up to 1 Incl.			
_____ Over 1 to 10 Incl.			
_____ Over 10 to 50 Incl.			
_____ Over 50 to 100 Inc.			
_____ Over 100			
Services			
0 - 200 Amp. Under 600 V	1		12.50
201 - 1000 Amp. Under 600 V	1		
Over 1000 Amp. or Over 600 V			
Temp. Power Pole & Appurtenances			
Sign with One Branch Circuit			
Additional Sign Branch Circuits			
Misc. Conduits & Conductors			
Other (See Complete Fee Schedule)			
PERMIT FEE (Sub-Total)			7.00
PLAN CHECKING FEE (One-Fourth Permit Fee)			
PERMIT ISSUING FEE			19.50
TOTAL FEE			

JOB ADDRESS	1043 W 210 STREET
LOCALITY	TORRANCE
NEAREST CROSS ST.	NORMANDIE
OWNER OR FIRM NAME	ROLF COLLIER
MAIL ADDRESS	1043 W 210 STREET
CITY	TORRANCE
Tel. No.	328-4000
PLAN CHECK APPLICANT	
ADDRESS	
CITY	
Tel. No.	
PERMIT APPLICANT	
ADDRESS	
CITY	
Tel. No.	
LICENSE OR REG. NUMBER	
Class.	
I HEREBY ACKNOWLEDGE THAT I HAVE READ THIS APPLICATION AND STATE THAT THE ABOVE IS CORRECT AND AGREE TO COMPLY WITH ALL COUNTY ORDINANCES AND STATE LAWS REGULATING ELECTRICAL WIRING.	
I HEREBY CERTIFY THAT I AM PROPERLY REGISTERED AND/OR LICENSED AS REQUIRED BY LOS ANGELES COUNTY AND STATE OF CALIFORNIA OR THAT I AM THE LEGAL OWNER OF THE ABOVE DESCRIBED RESIDENTIAL PROPERTY.	
PERMITEE SIGNATURE	<i>Monika Collier</i>

DISTRICT NO.	12.00
PROCESSED BY	T.I.

**INSPECTION  
INFORMATION  
ON REVERSE  
SIDE**

PLAN CHECK VALIDATION

PERMIT VALIDATION

6784A  
#.....2  
1..19.50  
...19.50H  
0502-79

INSPECTOR COPY

INSPECTION FINALED

date:

9/31/79

By

Bent

APPROVALS	DATE	INSPECTOR'S SIGNATURE
TEMP. POWER POLE		
UNDERSLAB WORK		
ROUGH CONDUIT		
WIRING		
FIXTURES		
POWER AUTHORIZED		
UTILITY CO. NOTIFIED	6/1/79	Beunf
FINAL	Enter on Front	

0205-30  
 020100  
 020100  
 020100  
 020100  
 020100

# NOTES

WORKER'S COMPENSATION CERTIFICATION

I certify that I will be responsible for the work to be done under this permit and that in the performance of the work for which this permit is issued I shall not employ any person in any manner so as to become subject to the Worker's Compensation laws of California.

I further certify that if during the course of construction under this permit I should become subject to Worker's Compensation requirements, I will file the required certificate of insurance and realize that failure to do so will necessitate suspension of the permit. I have received an explanation of the limits and conditions of this certificate and have read and fully understand them.

Signature Shirley L. Carter

Title \_\_\_\_\_

Date \_\_\_\_\_

## APPLICATION FOR PLUMBING PERMIT

1

## BUILDING AND SAFETY DIVISION

FOR APPLICANT TO FILL IN (PRINT OR TYPE)

NUMBER	FIXTURE OR ITEM	@	FEE
1	WATER CLOSET		3 -
	BATH TUB		
1	SHOWER		3 -
1	LAVATORY		3 -
	SINK		
	DISHWASHER		
1	CLOTHES WASHER		3 -
	SWIMMING POOL RECEPTOR		
	LAWN SPRINKLER SYSTEM		
1	WATER HEATER		3 -
1	GAS SYSTEM OUTLETS	2	3 -
	OUTLETS OVER 5 PER SYSTEM		

Plan check fee

PLUMBING PERMIT ISSUING FEE \$

7 00

TOTAL FEE

25 00

Plan check applicant

Name

Address

City

Tel. No.

I HEREBY ACKNOWLEDGE THAT I HAVE READ THIS APPLICATION AND STATE THAT THE ABOVE IS CORRECT AND AGREE TO COMPLY WITH ALL COUNTY ORDINANCES AND STATE LAWS REGULATING PLUMBING.

I HEREBY CERTIFY THAT I AM PROPERLY REGISTERED AND/OR LICENSED AS REQUIRED BY LOS ANGELES COUNTY AND STATE OF CALIFORNIA OR THAT I AM THE LEGAL OWNER OF, AND INTEND TO RESIDE IN THE ABOVE DESCRIBED RESIDENTIAL PROPERTY.

SIGNATURE OF PERMITTEE

BUILDING ADDRESS

1043 W. 210TH ST.

LOCALITY

NEAREST CROSS ST.

NORMANDIE &amp; TORR.

OWNER

ROLF COLLIER

MAIL ADDRESS

SAME

CITY

SAME

TEL. NO.

CONTRACTOR

BARCLAY PLBG.

ADDRESS

2119 DUFOUR AVE

CITY

RED. BAY

TEL. NO.

372-6516

STATE LICENSE NO.

329349

LIC. CLASS

C-36

DISTRICT NO.

12

GROUP

R-3

ZONE

R-1

PROCESSED BY

Clement

INDUSTRIAL WASTE APPROVAL

INSPECTION RECORD

APPROVALS

DATE

INSPECTOR'S SIGNATURE

UNDER SLAB WORK

6/16/78

Bernal

ROUGH PLUMBING

9/23/78

Bernal

GAS PIPING

GAS VENT

HOT WATER HEATER

PLUMBING FIXTURES

GAS TEST

8/25/78

Bernal

UTILITY CO. NOTIFIED

FINAL

5/31/79

Bernal

PLAN CHECK VALIDATION

CK.

M.O.

CASH

PERMIT VALIDATION

CK.

M.O.

CASH

773 JUN 14 A 05

25.00

INSPECTOR COPY



## APPLICATION FOR PERMIT

1

COUNTY OF LOS ANGELES  
DEPARTMENT OF COUNTY ENGINEER  
BUILDING AND SAFETY DIVISION

## SEWER-SEWAGE DISPOSAL

## FOR APPLICANT TO FILL IN

LEGAL DESCRIPTION	LOT NO. 124	
BLOCK	TRACT 18261	
SIZE OF LOT	NO. OF BLDGS. NOW ON LOT	
USE OF BUILDINGS		
CONTRACTOR	Albert Sante	
ADDRESS	229 E. Gage Ave	
CITY	LA 90003	
STATE	TEL. NO. 753-0863	
LICENSE NO. 198713	LIC CLASS C-42	
NO.	DESCRIPTION OF WORK	FEE
	HOUSE SEWER CONNECTING TO PUBLIC SEWER	@ \$7.00
	SEPTIC TANK, SEEPAGE PIT OR PITS AND/OR DRAINFIELD	@ \$10.00
	HOUSE SEWER CONNECTING TO PRIVATE DISPOSAL SYSTEM	@ \$3.00
X	CONNECT ADDITIONAL BLDG. OR WORK TO HOUSE SEWER	@ \$3.00
	OVERFLOW SEEPAGE PIT, DRAINFIELD EXTN., CESSPOOL, DRYWELL	@ \$5.00
	ALTER, REPAIR OR ABANDON HOUSE SEWER OR DISPOSAL SYSTEM	@ \$3.00
	MANHOLE	@ \$7.00

OWNER'S AUTHORIZATION	PERMIT \$ 7.00
	TOTAL FEE 14.00

I HAVE AT THIS DATE A CONTRACT WITH THE HEREIN NAMED CONTRACTOR TO CONNECT THE ABOVE DESCRIBED EXISTING DWELLING TO THE PUBLIC SEWER.

SIGNED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 19\_\_

OWNER OR OWNERS AGENT \_\_\_\_\_

ADDRESS \_\_\_\_\_

I HEREBY ACKNOWLEDGE THAT I HAVE READ THIS APPLICATION AND STATE THAT THE ABOVE IS CORRECT AND AGREE TO COMPLY WITH ALL COUNTY ORDINANCES AND STATE LAWS REGULATING PLUMBING AND SEWERS.

I HEREBY CERTIFY THAT I AM PROPERLY REGISTERED AND/OR LICENSED AS REQUIRED BY LOS ANGELES COUNTY AND STATE OF CALIFORNIA OR THAT I AM THE LEGAL OWNER OF, AND INTEND TO RESIDE IN, THE ABOVE DESCRIBED RESIDENTIAL PROPERTY.

SIGNATURE OF PERMITTEE *Albert Sante*

BUILDING ADDRESS	1043 W. 210 ST.
LOCALITY	Co. Torre
NEAREST CROSS ST.	
OWNER	Collice
MAIL ADDRESS	
CITY	TEL. NO.

DISTRICT NO.	GROUP	BK	MAP	PG	PROCESSED BY
12	J	D	78		Climent

STATION 2+71.0		DEPTH 6'
MANHOLE REFERENCE	59' W/O	UPPER LOWER
Y.	TYPE OF CONNECTION CURB	LENGTH FROM M.L. TO P.L. 30'
CO. IMP. NO.	P.C. NO. 2397	JOB NO.

TRUNK PERMIT NO.	ROAD PERMIT NO.			
AFFIDAVIT	WAIVER	EASEMENT	RECORD. INSTR. NO.	DATE

HWY. OR ST. WIDENING
STATE ENCROACHMENT PERMIT NO.
INDUSTRIAL WASTE APPROVAL

CHARGES
CONNECTION CHARGE FEE
REIMBURSEMENT FEE

APPROVALS	DATE	INSPECTOR'S SIGNATURE
NEW HOUSE SEWER		
CONNECT ADDITIONAL BUILDING OR WORK	8/3/78	Bernal
SEPTIC TANK, SEEP, PIT(S) AND/OR DRAINFIELD		
CESSPOOL <input type="checkbox"/> DRYWELL <input type="checkbox"/>		
ALTER, REPAIR, SEWER OR SEWAGE DISPOSAL SYSTEM		
DISCONNECT PLUG AND ABANDON HOUSE SEWER		
BACKFILL SEPTIC TANKS <input type="checkbox"/> SEEP, PIT(S) <input type="checkbox"/> CESSPOOLS <input type="checkbox"/>		

VALIDATION

CK. M.O.

CASH

4692 JUL 27 A 10

14.00

*True*

INSPECTOR COPY

FOR DEPARTMENT USE

REQUIRED INFORMATION

1. INDICATE ALL BUILDINGS ON PROPERTY.
2. INDICATE AND DIMENSION SEWAGE DISPOSAL SYSTEM WITH THE DISTANCES TO BUILDINGS AND PROPERTY LINES.
3. INDICATE SIZE OF SEPTIC TANK-DEPTH OF SEEPAGE PIT(S)-SIZE OF CESSPOOL(S).
4. INDICATE NORTH DIRECTION ON PLOT.
5. INDICATE BOTH STREETS IF CORNER.

ST. ALLEY R/W

FIELD NOTES